



# City of Jacksonville Public Safety



## Public Safety Citizens Academy *April 9 - May 15, 2020* *Thursdays, 5:30 - 7 PM*

### Public Safety Citizens Academy

Jacksonville's Public Safety Citizens Academy is designed to enhance communication and relationships between Citizens, Fire & Emergency Services and Police through information and education. The Academy provides an opportunity for Citizens to learn about the Police Department and Fire & Emergency Services operations. This learning experience includes a tour of the Public Safety Complex, a series of lectures, field trips and simulated activities.

The goal of the Academy is to build relationships and create a group of well informed Citizens who possess greater insight into City of Jacksonville Public Safety practices and services.

The 2020 Academy will take place April 9 - May 15. Classes are held Thursdays from 5:30 to 7PM. Unless otherwise specified, classes are conducted at the Center for Public Safety located at 200 Marine Blvd. Instruction is provided by Police Department and Fire & Emergency Services personnel.

### Sample Curriculum may include:

- Overview of Department Operations and Organization
- Introduction to Community Oriented Policing
- Patrol Functions – Traffic Control
- Firearms Operations
- Fire Safety
- Communications and the processing of calls for service
- Fire Prevention
- Fire Service Areas

### Qualifications for Participation

Academy participants must be a minimum of 18 years of age, a City of Jacksonville resident, City of Jacksonville business owner, or employed in the City. Applications from those who live outside City limits will be considered on a case-by-case basis. All applicants must pass a criminal history background check before participating in the Public Safety Citizens Academy. **Applications are due by 5PM on Friday, April 3, 2020.**





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## Public Safety Citizens Academy



### Read carefully before filling out this form:

Due to the sensitivity and classified nature of the material that will be shared with you during the Public Safety Citizens Academy, it is essential that each applicant complete this application thoroughly and truthfully. It is imperative to the security of our agency that each accepted applicant is of good moral and legal standing. This form must be type written or printed in ink.

All questions must be answered, if applicable. If not, indicate N/A (not applicable). Applications that are not complete and legible will not be considered. If space provided is not sufficient for complete answers, or you wish to furnish additional information, attach additional sheets to this form, and refer to the question answered. The information you provide in this application will remain confidential.

You are responsible for obtaining correct addresses, to include street addresses, state and zip code.

<b>Name:</b>			<b>Phone:</b>		
First:	Middle Initial:	Last:			
Street Address			PO Box		
City			State		Zip Code
Race:			Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Height:	Weight:	Hair:	Eyes:		
Date of Birth:	Place of Birth		Soc Sec #		
mm/dd/yyyy					
Driver License #		State:		Expiration Date:	
				mm/dd/yyyy	

**Legal History** (Note - A **Conviction** includes a guilty plea, payment of a traffic or other fine without court appearances, or a court conviction of a criminal or traffic offense. An **Arrest** constitutes being taken into police custody.):

<b>Briefly explain why you would like to enroll in the Public Safety Citizens Academy:</b>

If the answer to **any** of the following questions is **yes**, please explain in detail. Give date, place, charge, and final disposition in each case. Attach additional sheets if necessary.

<b>Have you ever been arrested for an offense other than a traffic violation?</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in detail including date, charge, place and final disposition:
<b>Have you ever been arrested for a traffic offense (example: DUI, DWI, Driving with a suspended or revoked License, etc):</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in detail including date, charge, place and final disposition:



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If the answer to **any** of the following questions is **yes**, please explain in detail. Give date, place, charge, and final disposition in each case. Attach additional sheets if necessary.

**Have you ever illegally possessed any drug or controlled substance that was not prescribed to you by a medical professional or given to you to hold while you were acting on behalf of, or employed to do so, by a law enforcement agency?**

☐ Yes ☐ No If yes, explain in detail including date, charge, place and final disposition:

**Have you ever illegally sold, given or distributed any drugs or controlled substances?**

☐ Yes ☐ No If yes, explain in detail including date, charge, place and final disposition:

### Employment

**Have you been fired from or asked to resign from any job in the past five years?**

☐ Yes ☐ No If yes, explain:

**List information regarding the last two jobs you have held** (include: retired, unemployed, stay at home parent, etc. if applicable):

<b>Present Employer:</b>	<b>Date Hired:</b>
<b>Address:</b>	<b>Phone:</b>
<b>Supervisor:</b>	<b>Your Title:</b>

<b>Previous Employer:</b>	<b>Date Hired:</b>
<b>Address:</b>	<b>Phone:</b>
<b>Supervisor:</b>	<b>Your Title:</b>

**Personal References** (list name, address and phone number of three personal references not related to you that have known you for at least four years):

Name:	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone:



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**Emergency Contact Information** (Please list the name, address and phone number of someone we may reach on your behalf in case of an emergency):

Name:	Address:	Phone:
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**Before signing this form**, please ensure that all the information you have disclosed to Jacksonville Public Safety is accurate and truthful. If you are unsure of any question, please make sure that you clarify it with a Public Safety representative prior to signing and submitting this document. Any misrepresentation given by any applicant will result in the denial of the applicant's request to participate in the Jacksonville Public Safety Citizens Academy. We ask that you provide, without omission whatsoever, any and all information requested.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I, the above signed, certify that the information given is true and accurate to the best of my knowledge.**

### Release of Information Authorization

I understand that the Jacksonville Police Department will be performing a criminal background and driving history check on me with reference to my application for the Public Safety Citizens Academy.

I hereby authorize Jacksonville Public Safety to have access to any and all driving record information and criminal information as it pertains to me. I understand that Jacksonville Public Safety considers any such information confidential and that it will not be released to me.

I further authorize the release of any information that is required to clarify my criminal background investigation, be it from any of the following:

- Personal references or any person(s) having knowledge regarding my character or reputation;
- Any past or present employer (to include the U.S. Armed Forces, Maritime Service, Veteran Administration, or U.S. Selective Service);
- Any Judge, Court or Magistrate;
- Any State, Local or Federal Law Enforcement Agency;
- Any Attorney-at-Law or other legal entity handling any criminal or traffic-related case related to me;
- Any State, Local, City or County Agency
- A photocopy of this release form will be valid as an original thereof, even though the photocopy does not contain my original signature.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Please Mail Completed Forms To:

Jacksonville Police Department, Community Services Division, P.O. Drawer 436, Jacksonville, NC 28541-0436

### Or Deliver In Person To:

Jacksonville Police Department, Center for Public Safety, 200 Marine Blvd., Jacksonville, NC 28540